

Westminster Hall Debate on ‘Addressing deterioration in people with long-term conditions during the Covid-19 pandemic’ – 10 March 2022, 1:30pm

For more information, please contact Dan Simpson at dan.simpson@alzheimers.org.uk. This briefing includes:

1. Key Messages
2. Deterioration during the pandemic
3. A national rehabilitation strategy

1. Key Messages

- During the COVID-19 pandemic, **many people with pre-existing long-term conditions have seen their conditions deteriorate at a much faster pace than usual** due to the effects of lockdown, social isolation, and the suspension or closure of rehabilitative services.
- **For example, 82% of people with dementia surveyed by Alzheimer’s Society reported a deterioration in symptoms since the start of the pandemic.¹**
- People with long-term conditions rely on rehabilitation services to rebuild and maintain their abilities. **Providing the right rehabilitation as we move on from the pandemic could help slow down or prevent further deterioration in their conditions.**
- A coalition of twenty charities and professional bodies representing people with different conditions and allied health professionals released a 2021 paper, [Moving Forward Stronger](#), which called for a **fully-funded national rehabilitation strategy**.

2. Deterioration during the pandemic

The COVID-19 pandemic has been devastating, with over 160,000 people losing their lives to the virus in the UK.²

When the pandemic began, staff and resources were diverted to hospitals to prioritise COVID-19 patients, meaning allied health professionals and others working in community rehabilitation services were redeployed to acute services.³ Meanwhile, community services were primarily offering limited virtual support.

Like other parts of the health system, community rehabilitation services are now vastly overstretched, with additional pressure from patients who have seen or need Long COVID rehabilitation. Access was already patchy before the pandemic. Rehabilitation has not been given the same level of attention as the elective backlog, despite the opportunity it represents to reduce visits to GPs, delayed discharge and demand in acute and social care.

These services are vital to the management of long-term health conditions, and, as such, **many people with pre-existing, long-term health conditions have experienced more rapid deterioration in their condition during the pandemic.** This deterioration has been exacerbated by the impact of repeated lockdowns and reduced social contact, which have meant that many people have not been able to maintain their physical, cognitive and social skills. The longer that these skills go unused, the more people lose confidence and abilities.

The right rehabilitation makes it possible for people to manage their long-term health conditions effectively, and, as a result, can help slow down or prevent deterioration.

¹ Alzheimer’s Society. Lockdown isolation causes shocking levels of decline for people with dementia. 2020. <https://www.alzheimers.org.uk/news/2020-07-30/lockdown-isolation-causes-shocking-levels-declinepeople-dementia-who-are-rapidly>.

² UK Government. Coronavirus in the UK: deaths in United Kingdom. 2021. <https://coronavirus.data.gov.uk/details/deaths>.

³ Health Europa. Call for UK Government to protect rehabilitation services during Covid-19. 2020. <https://www.health-europa.eu/call-for-uk-government-to-protect-rehabilitation-services-during-covid-19/104067/>.

For some, it may even reverse some of the deterioration they have experienced. Community rehabilitation services, if delivered properly, therefore provide a solution to issues faced by people with various long-term conditions after the pandemic.

3. A national rehabilitation strategy

This will only be possible, however, if there is a clear strategy and direction on rehabilitation as we move on from the COVID-19 pandemic. Such a strategy will be essential to ensure the hundreds of thousands of people living with long-term conditions in the UK have the tailored support they need.

Collectively, we call for:

- ✓ **Government to fully-fund a national two-year rehabilitation strategy that ensures people who have seen significant deterioration of their long-term conditions have the therapeutic support they need.**
- ✓ **The NHS to appoint a national clinical lead to implement this rehabilitation strategy.**
- ✓ **Local partners (e.g. local authorities/Integrated Care Systems) to develop and deliver their own localised rehabilitation strategy, and each ICS to have a regional rehabilitation lead.**

We're pleased that NHS England have since appointed their first lead for rehabilitation, Jennifer Keane. She should lead work to produce a national strategy with the same level of funding and ambition as the elective backlog plan, which did not mention rehabilitation.

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